## MVP Medicare Preferred Gold without Part D (HMO-POS) offered by MVP Health Plan, Inc.

# Annual Notice of Changes for 2024

You are currently enrolled as a member of **MVP Medicare Preferred Gold without Part D (HMO-POS)**. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at **mvphealthcare.com**. You may also call the MVP Medicare Customer Care Center to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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**What to do now**

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

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☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in MVP Medicare Preferred Gold without Part D (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024.** This will end your enrollment with MVP Medicare Preferred Gold without Part D (HMO-POS).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our MVP Medicare Customer Care Center number at 1-800-665-7924 for additional information. (TTY users should call 711.) Hours are Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am - 8 pm. This call is free.
- This information is available in a different format, including braille and large print. (phone numbers are in Section 7 of this booklet). **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

### About MVP Medicare Preferred Gold without Part D (HMO-POS)

- MVP Medicare Preferred Gold without Part D (HMO-POS) is an HMO-POS plan with a Medicare contract. Enrollment in MVP Medicare Preferred Gold without Part D (HMO-POS) depends on contract renewal. When this document says "we," "us," or "our," it means MVP Health Plan, Inc. When it says "plan" or "our plan," it means MVP Medicare Preferred Gold without Part D (HMO-POS).



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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for MVP Medicare Preferred Gold without Part D (HMO-POS) in several important areas. **Please note this is only a summary of costs**.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium**<br>(See Section 2.1 for details.) | $0 | $0 |
| **Maximum out-of-pocket amount**<br>This is the most you will pay out-of-pocket for your covered Part A and Part B services.<br>(See Section 2.2 for details.) | $6,700 | $6,700 |
| **Doctor office visits** | **Primary care visits:**<br>**In-network:**<br>You pay a $0 copayment per visit.<br>**Out-of-network:**<br>You pay 30% coinsurance of the total cost per visit. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services. | **Primary care visits:**<br>**In-network:**<br>You pay a $0 copayment per visit.<br>**Out-of-network:**<br>You pay 30% coinsurance of the total cost per visit. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services. |

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| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | **Specialist visits:**<br><br>**In-network:**<br><br>You pay a $30 copayment per visit.<br><br>**Out-of-network:**<br><br>You pay 30% coinsurance of the total cost per visit. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services. | **Specialist visits:**<br><br>**In-network:**<br><br>You pay a $30 copayment per visit.<br><br>**Out-of-network:**<br><br>You pay 30% coinsurance of the total cost per visit. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services. |
| **Inpatient hospital stays** | **In-network:**<br><br>You pay a $350 copayment per day for days 1 through 5. You pay a $0 copayment for days 6+.<br><br>**Out-of-network:**<br><br>You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services. | **In-network:**<br><br>You pay a $350 copayment per day for days 1 through 5. You pay a $0 copayment for days 6+.<br><br>**Out-of-network:**<br><br>You pay 30% coinsurance of the total cost. Once out-of-network (POS) annual limit of $4,000 is reached you pay 100% of the cost for out-of-network services. |

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## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MVP Medicare Preferred Gold without Part D (HMO-POS) in 2024

**If you do nothing by December 7, 2023, we will automatically enroll you in our MVP Medicare Preferred Gold without Part D (HMO-POS).** This means starting January 1, 2024, you will be getting your medical coverage through MVP Medicare Preferred Gold without Part D (HMO-POS). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly premium**<br><br>(You must also continue to pay your Medicare Part B premium.) | $0 | $0<br><br>This is not a change from 2023. |

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copayments count toward your maximum out-of-pocket amount. | *$6,700* | *$6,700*<br><br>Once you have paid *$6,700* out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.<br><br>This is not a change from 2023. |

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## Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at **mvphealthcare.com**. You may also call the MVP Medicare Customer Care Center for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact the MVP Medicare Customer Care Center so we may assist.

## Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Air Ambulance Services** | **In-network:**<br>You pay $200 copayment for air ambulance services.<br><br>**Out-of-network:**<br>You pay $150 copayment for air ambulance services | **In-network:**<br>You pay $200 copayment for air ambulance services.<br><br>**Out-of-network:**<br>You pay $200 copayment for air ambulance services. |
| **Chiropractic Services** | **In-network**<br>You pay a $20 copayment for each chiropractic service. | **In-network:**<br>You pay a $15 copayment for each chiropractic service. |
| **Preventative and Comprehensive Dental Services** | **Preventive Dental:**<br><br>You pay $0, benefit is limited to 2 oral exams, 2 cleanings, and 2 sets of x-rays per calendar year.<br><br>Payments are limited to an established fee schedule. Services above the limit are your responsibility.<br><br>**Comprehensive Dental:**<br><br>Benefit is limited to a maximum of $1,000 per calendar year for | Annual Maximum Plan Benefit Coverage Amount: $2,000 combined Preventive and Comprehensive services, per calendar year for in and out-of-network benefits (services above the limit are your responsibility).<br><br>**Preventive Dental (**Oral Exams, Prophylaxis, Fluoride, X-Rays):<br><br>In-network: You pay a $0 copayment. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | in-network and out-of-network benefits.<br><br>There is a $100 deductible per calendar year.<br><br>You pay 20% of the allowed amount after the deductible for routine dental (exams, x-rays, simple extractions, fillings) for in-network and out-of-network.<br><br>You pay 50% of the allowed amount after the deductible for oral surgery for in-network and out-of-network.<br><br>You pay 50% of the allowed amount after the deductible for endodontics (root canals), Periodontics, Prosthodontics (partial dentures, crowns) in-network and out-of-network.<br><br>Orthodontics is not a covered benefit. | Out-of-network: You pay a 20% coinsurance.<br><br>**Comprehensive Dental** (Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Oral/Maxillofacial Surgery, Other Services):<br><br>In-network: You pay a $0 copayment.<br><br>Out-of-network: You pay a 20%-50% coinsurance.<br><br>Payment limited to established Fee Schedule. If your provider does not participate in the Plan's network and charges more than the maximum allowable benefit, you will be responsible for the additional cost. Service category maximums may apply. See the Evidence of Coverage for more information. |
| **Skilled Nursing Facility (SNF)** | You pay a $0 copayment for days 1-20. You pay a $196 copayment per day for days 21-100 in-network. | You pay a $0 copayment for days 1-20. You pay a $203 copayment per day for days 21-100 in-network. |

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| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| ***Transportation Services*** | This is not a covered benefit. | 12 One Way Rides, 30 mile max per year to a plan approved health-related location via taxi, rideshare services, van or medical transport. |
| **Worldwide Emergency Transportation** | In 2023, World side Emergency Transportation is not a covered benefit | **In and Out-of-network:**<br><br>You pay a $100 copayment for Emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility. Transportation back to the United States from another country is not covered. |

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in MVP Medicare Preferred Gold without Part D (HMO-POS)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our MVP Medicare Preferred Gold without Part D (HMO-POS).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,

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- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

As a reminder, MVP Health Plan, Inc offers other Medicare health plans These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

**Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MVP Medicare Preferred Gold without Part D (HMO-POS).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from MVP Medicare Preferred Gold without Part D (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact the MVP Medicare Customer Care Center if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2024.

**Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

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If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information counseling and Assistance Program (HIICAP). In Vermont, the SHIP is called The Vermont State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New York HIICAP at **1-800-701-0501**. The Vermont State Health Insurance Assistance Program at **1-800-642-5119.**

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

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  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. Vermont has a program called V-Pharm. To learn more about the program, check with your State Health Insurance Assistance Program.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York State Department of Health HIV Uninsured Care Programs, or Vermont Medication Assistance Program. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Contact the New York State Department of Health HIV Uninsured Care Programs at 1-800-542-2437 or the Vermont Medication Assistance Program at 1-802-863-7240.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-800-542-2437** (New York) or **1-802-863-7240** (Vermont).

# SECTION 7 Questions?

## Section 7.1 – Getting Help from MVP Medicare Preferred Gold without Part D (HMO-POS)

Questions? We're here to help. Please call the MVP Medicare Customer Care Center at **1-800-665-7924**. (TTY only, call 711.) We are available for phone calls Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am - 8 pm. Calls to these numbers are free.

### Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for MVP Medicare Preferred Gold without Part D (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **mvphealthcare.com**. You may also call the MVP Medicare Customer Care Center to ask us to mail you an *Evidence of Coverage*.

### Visit Our Website

You can also visit our website at **mvphealthcare.com**. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

## Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

### Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.